

Work Order # _____ Job # _____ Activity # _____

1. Work requester fills out this section

STANDING WORK PERMIT ☐

Requester: VLAD PANTUEV Date: 2/17/04 Ext. _____ Dept/Div/Group: PHYSICS / PO.
Other Contact person (if different from requester): THOMAS SHEA Ext. 3454
Work Control Coordinator THOMAS SHEA Start Date 2/18/04 Est. End Date 3/31/04

Description of Work / Problem:

TROUBLESHOOT AND REPAIR DRIFT CHAMBER ELECTRONICS FROM EXTENDED LADDER(S) SET UP BETWEEN THE CENTRAL MAGNET AND EAST 12 WEST CRABBLE.

Building 1008 Room IR Equipment LADDER Service Provider _____

2. Work requester, service provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H Analysis

RADIATION CONCERNS ☒ NONE ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER _____
☐ Special nuclear materials involved, notify Isotope Special Materials Group ☐ Fissionable materials involved, notify Laboratory Criticality Officer

SAFETY CONCERNS ☐ NONE

<input type="checkbox"/> Adding / Removing Walls or Roofs	<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Wall
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field	<input type="checkbox"/> Pressurized Systems
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress*	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*
<input type="checkbox"/> Chemicals*	<input checked="" type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation	<input type="checkbox"/> Vacuum
	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> OTHER _____

*Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☒ No

ENVIRONMENTAL CONCERNS ☒ NONE

<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Work impacts Environmental Permit No. _____
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Oil / PCB Management	<input type="checkbox"/> Soil activation/contamination
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Protected areas / species	<input type="checkbox"/> Waste - Clean
<input type="checkbox"/> High water / power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste - Hazardous
		<input type="checkbox"/> Waste - Industrial
		<input type="checkbox"/> Waste - Mixed
		<input type="checkbox"/> Waste - Radioactive
		<input type="checkbox"/> Waste - Regulated Medical
		<input type="checkbox"/> OTHER _____

Waste disposition by: _____

POLLUTION PREVENTION (P2) / WASTE MINIMIZATION OPPORTUNITY: ☒ None ☐ Yes

Facility Concerns ☒ NONE

<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	
<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations	

Work Controls

WORK PRACTICES ☐ NONE ☐ Exhaust Ventilation ☒ Lockout/Tagout ☐ Spill Containment
☒ Back-up Person/Watch ☐ HP Coverage ☐ Posting/Warning Signs ☐ Time Limitation
☐ Barricades ☐ IH Survey ☐ Scaffolding - requires inspection ☐ Warning alarm (i.e. "high level")

PROTECTIVE EQUIPMENT NONE ☐ Ear Plugs ☐ Gloves ☐ Lab Coat ☐ Safety Glasses
☐ Coveralls ☐ Ear Muffs ☐ Goggles ☐ Respirator ☒ Safety Harness
☐ Disposable Clothing ☐ Face Shield ☐ Hard Hat ☐ Shoe covers ☐ Safety Shoes ☐ OTHER _____

PERMITS

REQUIRED ☒ NONE Initial next to box to show who has responsibility to generate the permit. Permits must be valid when job is scheduled.
(Please attach) ☐ Concrete/Masonry Penetration ☐ Cutting/Welding ☐ Impair Fire Protection Systems
☐ Confined Space Entry ☐ Digging/Core Drilling ☐ Rad Work Permit - RWP No. _____
☐ Electrical Working Hot ☐ OTHER _____

DOSIMETRY/ MONITORING

☒ NONE ☐ Heat Stress Monitor ☐ Real Time Monitor ☐ TLD
☐ Air Effluent ☐ Noise Survey/Dosimeter ☐ Self-reading Pencil Dosimeter ☐ Waste Characterization
☐ Ground Water ☐ O₂/Combustible Gas ☐ Self-reading Digital Dosimeter ☐ OTHER _____
☐ Liquid Effluent ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump

Training Requirements

(List below any location specific training requirements) PHENOL AWARENESS TRAINING.

FALL PROTECTION, RHC ACCESS TRAINING, LOCKOUT/TAGOUT, 1008 CRABBLE TRNG

used on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below.

ES&H Risk Level: X LOW _____ MODERATE _____ HIGH

Complexity Level: X LOW _____ MODERATE _____ HIGH

Work Coordination: X LOW _____ MODERATE _____ HIGH

Note: If all the ratings are LOW, the Work Control Coordinator and Service Provider must sign for concurrence on the back side. Further review of the work permit is not required. If any ratings are MODERATE or HIGH, the entire permit must be completed.

1. Both work requester and service provider coordinate on work plan (use attachments for detailed plans)

Work Plan: (procedures, timing, equipment, and personnel availability need to be addressed) _____

SEE ATTACHMENT

Special Working Conditions Required: NONE

Operational Limits Imposed: _____

Post Work Testing Required: _____

Job Safety Analysis Required ☐ Yes ☒ No Walkdown Required ☐ Yes ☒ No

Reviewed By: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer				
ES&H Professional				
Other				
Other	C PEARSON	Charles Pearson	15245	2/17/2004
Work Control Coordinator*				
Service Provider*				

*Only signatures required for concurrence on LOW rated jobs.

Review done: in series team

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including attached permits).

Job Site Supervisor [Signature] Contractor Supervisor _____

Workers: [Signature] Life # 18243 Workers: _____ Life # _____
[Signature] Life # P6221
[Signature] Life # R6445

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name _____ Signature _____ Life # _____ Date _____

6. Work Requester determines if Post Job Review is required ☐ No ☐ Yes (Fill in names of reviewers)

Post Job Review:

Name: _____ Signature _____ Life #: _____ Date: _____

Name: _____ Signature _____ Life #: _____ Date: _____

7. Worker provides feedback

Worker Feedback:

8. Work Control Coordinator (requesting dept.) checks quality of completed permit and closes out

Closeout: Name THOMAS SETH Signature [Signature] Life #: 20208 Date: 3/22/04

Comments: Work completed without incident